

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001390343)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: TORRES & VADILLO, LLP Account Name

Account Number : I20150000038 Phone

: (305)485-9700

Fax Number

: (305)436-0191

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN PIZZERIA 3 TENORI CORP

S. TALLENT

MAY 23 2017

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H17000137034 3

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed wi P16000038919 (Document Number of Corporation as currently filed with the property of Corporation and the property of Corporation as currently filed with the property of Corporation and the property of Corporation and the property of Corporation as currently filed with the property of Corporation and Corpo			
(Document Number of Corporat			
·			
	tion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida F</i> its Articles of Incorporation:	Profit Corporation adopts the following	ng amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The n	lew
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."		abbreviat	ion
B. Enter new principal office address, if applicable:	COLLINS AVE		_
(Principal office address MUST BE A STREET ADDRESS) UNIT	2009		17
MIAN	MI BEACH, FLORIDA 33141		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 6365	COLLINS AVE	13000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000	22
UNIT	2009		
MIA	MI BEACH, FLORIDA 33141		_ Ö
D. If amending the registered agent and/or registered office address in Florew registered agent and/or the new registered office address; Name of New Registered Agent MICHELE ABATE	orida, enter the name of the	214	
6365 COLLINS AVE, UNIT 2009		_	
(Florida street addres	TS)	-	
New Registered Office Address: MIAMI BEACH	. Florida 33141		
(City)		Code)	_

4170001390343

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S - Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe Is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	Iohn Doc		
X Remove	¥	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) X Change	P	MICHELE ABATE	6365 COLLINS AVENUE	
Add		Note: This name was mispelled. Please correct first name to Michele. Also, change	UNIT 2009	
Remove		eddress.	MIAMIBEACH, FLORIDA 3314	
2)Change	v	LUCA DE MARINIS	8731 NW 110 AVENUE	
Add			DORAL, FL 33178	
Remove 3) Change	S	ANTONIO COLETTA	8731 NW 110 AVENUE	
Add X Remove		·	DORAL, FL 33178	
4) Change	VP	MARIA J. GONZALEZ	10398 NW 76 TERRACE	
X Add				
Remove			MIAMI, FL 33178	
5) Change	···			
Add				
Remove				
6)Change			•	
Add				
Remove				

H170001391034 3

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
<u> </u>	
	

H17000139034 3

The date of each amendment(s) adoption:	if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHELE ABATE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person sloping)	